



GEORGIA STATE BOARD OF VETERINARY MEDICINE

237 Coliseum Drive - Macon, Georgia 31217

Phone (404) 424-9966 * <https://sos.ga.gov/georgia-state-board-veterinary-medicine>

APPLICATION FOR VETERINARIAN

****IMPORTANT****

The Board cannot process incomplete applications.

If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.

Please review this application before you submit it to ensure that all information and documentation is complete and correct.

Incomplete applications result in delayed processing.

Applications are void after 60 days from the date of notification of application deficiencies. If all required supplemental documents are not received within that 60-Day window your application will be withdrawn and you will need to reapply.

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Veterinary Medicine in the State of Georgia. Visit the Board's website for the laws, rules and information:

<https://sos.ga.gov/georgia-state-board-veterinary-medicine>.

The following items **must be received in order to have your license issued**. To expedite the process, submit all documents in one packet. Please mail application package in a 9 X 12 envelope with pages unstapled and unfolded. Keep this checklist for your records, recording the date information was submitted. Keep a copy of your application.

APPLICATION (must be notarized)

- ☐ **\$110 NON-REFUNDABLE/NON-TRANSFERABLE APPLICATION FEE** for Georgia licensure. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.
- ☐ **VERIFICATION OF VETERINARY COLLEGE EDUCATION** (page 5 of application). An applicant will be considered for eligibility to sit for the exam up to 8 months prior to graduation from an accredited school.
- ☐ **FOREIGN GRADUATES** must submit verification of enrollment in PAVE or enrollment in the ECFVG, including proof of completion of step 2-English proficiency, and Step 3-passing the BCSE, to be eligible to sit for the NAVLE exam.

The following items **must be received prior to consideration of approval of license**:

- ☐ **NATIONAL BOARD SCORES** - For an application for the Veterinary Licensing Examination (NAVLE) contact ICVA at (701) 224-0332 or <https://www.icva.net/>. Applications & fee for the exam must be submitted directly to ICVA.
- ☐ **GEORGIA LAW EXAM**: You must take and submit a completed Law Exam with a passing score. The exam can be downloaded from our website at <https://sos.ga.gov/georgia-state-board-veterinary-medicine>, and link to Download Forms.
- ☐ **PRIOR NBE, CCT or NAVLE EXAMS SCORES** – If you have successfully completed any of these exams, you must submit certified copies of scores which can be obtained via VAULT Transfer at <https://www.aavsb.org/licensure-assistance/vault-transfers-overview>. If you have **previously taken the CCT and the NBE and been unsuccessful** in passing any section of these exams – you are now required to sit for the NAVLE.
- ☐ **OFFICIAL TRANSCRIPT** sent directly from the school, showing Doctor of Veterinary Medicine Degree and date awarded
- ☐ **VERIFICATION OF LICENSURE** from any state in which you have **EVER** held a license, if applicable. This verification must be sent from the State Board directly to the Georgia board office. A copy of your license from that state is **not** acceptable.
- ☐ **SECURE AND VERIFIABLE DOCUMENT** – See attached document
- ☐ **FOREIGN GRADUATES** must submit an original verification of completion of ECFVG or PAVE.
- ☐ **ACTIVE DUTY STATUS (if applicable)**: If you are a military spouse or a transitioning service member of the United States Armed Forces (including the National Guard) and you wish to qualify for expedited processing and/or a temporary permit, you must meet the requirements of O.C.G.A. § 43-1-34 and Board Rule 700-4-.01.

DISABILITY- If you have a disability and may require an accommodation, you must contact the Board to obtain the REQUEST FOR DISABILITY ACCOMMODATION GUIDELINES.

VETERANS PREFERENCE POINTS- Veterans may be eligible for special benefits in testing. For more information, contact the Board office.

FOR BOARD USE ONLY
 Amount Submitted _____
 Date _____
 Receipt # _____



FOR BOARD USE ONLY
 Certificate Number _____
 Date Issued _____
 Applicant No. _____

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APPLICATION FOR LICENSURE AS A VETERINARIAN

Application Fee \$110 (\$100.00 application fee + \$10.00 processing fee)(non-refundable/non-transferable)
Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.

License Type: VETERINARIAN

Applicant is applying for above referenced license by:

- ☐ Application/Examination
☐ Foreign Educated/Trained (not educated in an AVMA accredited program)

Part I: Personal Information

1. Name: _____
 Last First Middle Maiden

2. Mailing Address: _____
 (Street) (Apt. #) (City/State/Zip Code)

3. If your mailing address is a P.O. Box, you must provide a physical address:

 (Street) (Apt. #) (City/State/Zip Code)

If you are granted a license, your name, mailing address and license number are public information.

4. E-Mail Address: _____

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you in order to ensure that your application can be processed in a timely manner. Your email address will not be shared with any third party.

5a. ☐ Please check this box if you are a military spouse or a transitioning service member of the United States Armed Forces (including the National Guard) as defined in O.C.G.A. § 43-1-34.

5b. As a military spouse/transitioning service member do you want a Temporary Permit if eligible? ☐ Yes ☐ No

6. Telephone #: Home () _____ Work () _____ Other () _____

7. Date of Birth: _____ Place of Birth _____ 7. Gender: ☐ Male ☐ Female

8. Social Security Number*: _____ - _____ - _____

Part II: Professional Education

9. Highest Degree Earned: ☐ Doctorate ☐ Master's ☐ Bachelor's ☐ Diploma/Certificate

10. Name/Address of Entry Level Professional Institution (e.g. technical school, undergraduate college/university): _____

- a. Dates Attended: _____ c. Graduation Date: _____
 b. Major: _____ d. Degree(s) Earned: _____

11. Name/Address of Graduate School/University: _____
a. Dates Attended: _____ c. Graduation Date: _____
b. Major: _____ d. Degree(s) Earned: _____
12. Name/Address of Post-Graduate School/Hospital (if applicable): _____
Type of Training: _____ b. Dates Attended: _____

If you graduated from a program that is not accredited by the AVMA, you must have the AVMA submit a copy of your PAVE certification OR ECFVG Certificate administered by the Education Commissions for Foreign Graduates issued after 12/31/72.

Part III: Background

If you answer YES to either of the following questions #13 through #17, you must attach a detailed explanation with your handwritten signature in ink. Also, if answered YES, you must submit certified copies of either court, disciplinary or treatment records and verifications of licensure to Georgia Board office.

13. ☐ Yes ☐ No Have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contendere to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation. (DWI & DUI's are **not** minor traffic violations.)
14. ☐ Yes ☐ No Have you ever had a license revoked or suspended or otherwise been sanctioned by any board or agency in Georgia or in any other state?
15. ☐ Yes ☐ No Have you ever been denied issuance or, pursuant to disciplinary proceedings, renewal of a DEA registration or a license by any board or agency in Georgia or any other state?
16. ☐ Yes ☐ No Have you ever had a DEA registration or license surrendered, revoked, or suspended, or have you been sanctioned by another Board?
17. The following questions are intended solely to determine the current fitness of an applicant to practice veterinary medicine. Please note that if you are **currently and actively** under contract with the Georgia Professional Health Program (GaPHP) you may answer **NO** to 17A. through 17C.
- A. ☐ Yes ☐ No Are you currently suffering from any condition that impairs your judgement or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?
- B. ☐ Yes ☐ No Do you currently have any diagnosed mental or physical health disorders or conditions(s) (including alcohol or substance use/abuse) that impairs your judgment or would otherwise adversely affect your ability to safely practice veterinary medicine?
- C. ☐ Yes ☐ No Are you currently participating in any drug or alcohol program or impaired practitioner program, outside of the GaPHP, for the treatment of substance abuse?
18. ☐ Yes ☐ No Have you ever been licensed as a Veterinarian in any other state(s)?

If yes, please list states: _____

You must provide verification of licensure from any state in which you have ever held a license to the Georgia Board. This verification must be an official verification from the state. **A copy of your license in that state is not acceptable.**

Please list any sites (name and address) and dates of any veterinary practice within the past 5 years:

Location _____	Date _____
Location _____	Date _____
Location _____	Date _____
Location _____	Date _____
Location _____	Date _____

Part IV: EXAMINATIONS

19. ☐ Yes ☐ No Have you ever failed the National Examination? If yes, give dates and location.

You must enter a response for EACH question in Item #20. If you answer "YES" to any of the questions, you must have the scores reported to the Georgia Board by the Veterinary Information Verification Agency (VIVA).

20. ☐ Yes ☐ No Have you successfully taken the NBE?

☐ Yes ☐ No Have you successfully taken the CCT?

☐ Yes ☐ No Have you successfully taken the NAVLE?

☐ Yes ☐ No ☐ N/A If you have not successfully taken the NBE, CCT or NAVLE, are you registered to take the NAVLE through ICVA?

PLEASE NOTE: An additional application & fee is required to sit for the National American Veterinary License Examination (NAVLE). Contact the National Board Office at (701) 224-0332, on-line at <https://www.icva.net/> or e-mail at mail@icva.net to receive an application.

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Part V: Applicant Affidavit

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Veterinary Medicine and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 7 & 8 of this application.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency.

Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Veterinary Medicine and/or criminal prosecution.

Signature of Applicant Date

Print Applicant's Name

Personally appeared before me, the undersigned official authorized to administer oaths, comes

_____ who deposes and swears that he/she is the person who executed this
(Applicant's Name)

application for a license to practice Veterinary Medicine in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this _____ day of _____, 2_____

Notary Public Signature _____

County

State

My Commission Expires _____

(seal)

Part VI: Verification of College Education

Verification of Veterinary College Education

Must submit official transcript upon graduation

This form must be completed by the Veterinary College from which you anticipate graduation.
If you have graduated, the official transcript is required.

This is to certify that _____
Print name

will graduate from _____
Name of School

on _____ with a Doctor of Veterinary Medicine degree.
Date

Signature of Dean from College of Veterinary Medicine

Date

(School Seal)

Return completed form to:

Georgia State Board of Veterinary Medicine
237 Coliseum Drive
Macon, Georgia 31217



**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form Instructions

A background check is a required component of any application for licensure. Pursuant to O.C.G.A. §§ 43-50-31(a)(2); 43-50-41, the Georgia State Board of Veterinary Medicine has the authority to refuse to grant license to an applicant, to suspend or revoke the license of a person licensed by the board, or to discipline a person licensed under Chapter 50 of Title 43 or any antecedent law, upon a finding by a majority of the entire board that the licensee or applicant is in violation.

By completing and signing the application for licensure and the Georgia Bureau of Investigation Georgia Crime Information Center Consent Form associated with the application, you are attesting that you:

- Understand the current state laws and rules and regulations of the Georgia State Board of Veterinary Medicine;
- Have received, read and understand your rights (Attachment A and Attachment B) as it relates to a background check; and,
- Give the Georgia State Board of Board of Veterinary Medicine through employees or agents of full consent to conduct a background check prior to considering the complete application for licensure.

Before submitting the form, review it carefully. Be sure to enter the correct name of the licensing Board to which you are applying on the first line. No other names should be entered on that line. Enter your full legal name (no nicknames), your current physical address, sex, race, date of birth and social security number, your official signature and the date of your signature.

For the purposes of licensure, you are not required to select any options under the “Special Employment Provisions” section.

In the “**Select the number of days for authorization**” section, you must only choose one (1) of the four (4) options. The options are as follows:

- 1) Select 90 days; OR,
- 2) Select 180 days; OR,
- 3) Specify the number of days from your signature above; OR
- 4) Enter your full legal name on the line below those options giving the Board an indefinite period of time to conduct the criminal history background check.

If you choose more than one option in the "Select the number of days for authorization" Section the form is incorrect and the processing of your application for licensure will be delayed until such time that a corrected form is received.



**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize _____ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice Applicant's Privacy Rights and the Privacy Act Statement (Title 28 United States Code § 534).

Signature

Date

Special employment provisions (check if applicable):

- ☐ Employment with mentally disabled (Purpose code 'M')
☐ Employment with elder care (Purpose code 'N')
☐ Employment with children (Purpose code 'W')

Select the number of days for authorization:

- This authorization is valid for
☐ 90
☐ 180
☐ days from date of signature

I, _____ give consent to the above named to perform periodic criminal background checks for the duration of my employment with this company.

Attachment A

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

Attachment B

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS.
RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

Name _____

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

July 10, 2013 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law¹ [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

¹Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.